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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124000002		CITY OR TOWN	STOCKBR	IDGE
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: MICHAEL'S OF S	TOCKBRIDGE, INC			
DOING BUSINESS A MICHAEL'S				
ADDRESS 5 ELM				
CITY/TOWN: STOCKBRIDGE	STATE: MA	ZIP CODE:	01262	
MANAGER: ABDALLA, TYI MICHAEL G. JR.	PE OF LICENSE:Res	taurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF LICENSED PREMIS	SES:			
TO EXTEND THE PREMISE TO INCL	UDE AN AREA TO S	SOUTH APPROX.		
I hereby certify and swear under penalties	s of perjury that:			
1. the renewed license will be of	the same type for the	same premises now	licensed;	
2. the licensee has complied with	all laws of the Comm	onwealth relating t	to taxes; and	
3. the premises are now open for	business (If not expla	in below)		
SIGNED BY:				
	or Authorized Corpo	rate Officer		
DATE: TELEPHON	IE NUMBER:	EMPLOYE	R IDENTIFICAT	TION NUMBER:
122211101	,51,61,1551	(Note: NOT Inc	dividual Social S	ecurity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in				
license and (2) the certificate of liquor				
Please Check Below:	·	LOCALLICENS	CINC AUTH	ODITY
APPROVED:		LOCAL LICENS	SING AUTHO	JRII Y
DISAPPROVED:		By:		
(If disapproved explain)				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124000003	CITY OR TO	WN STOCKBRIDGE
APPLICATION FOR RENEWAL:	Annual LIC	CENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: THE WHEATLEIGH COR	RPORATION	
DOING BUSINESS A WHEATLEIGH		
ADDRESS LENOX & STOCKBRIDGE		
CITY/TOWN: STOCKBRIDGE STA	ATE: MA ZIP CODE	2: 01262
MANAGER: SIMON, L. TYPE OF L LINFIELD	ICENSE: Innholder	CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBSITE ANI	DENTER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:		
TWO FLOORS AND BASEMENT AND STORA OFFICES, RECREATION ROOM, SUPPLY ROO ATTACHED THERETO		
I hereby certify and swear under penalties of perju	ry that:	
1. the renewed license will be of the same	e type for the same premises	now licensed;
2. the licensee has complied with all laws	of the Commonwealth relati	ng to taxes; and
3. the premises are now open for business	s (If not explain below)	
	s (If not explain below)	
3. the premises are now open for business SIGNED BY: Individual, Partner or Auth	•	
SIGNED BY:	•	
SIGNED BY:	•	
SIGNED BY:	orized Corporate Officer  BER: EMPLO	DYER IDENTIFICATION NUMBER:  I Individual Social Security Number)
SIGNED BY:  Individual, Partner or Auth	orized Corporate Officer  BER: EMPLO (Note: NOTession (1) the certificate recand the head of the fire dep	Individual Social Security Number)  Quired by Chapter 304 of the partment for the above named
SIGNED BY:  Individual, Partner or Auth  DATE:  TELEPHONE NUM  We the undersigned, attest that we are in posses Acts of 2004, signed by the building inspector a	orized Corporate Officer  BER: EMPLO (Note: NO)  ession (1) the certificate recand the head of the fire dep insurance required by Cha	Individual Social Security Number)  Quired by Chapter 304 of the partment for the above named
SIGNED BY:  Individual, Partner or Auth  DATE:  TELEPHONE NUM  We the undersigned, attest that we are in posse Acts of 2004, signed by the building inspector a license and (2) the certificate of liquor liability  Please Check Below:  APPROVED:	orized Corporate Officer  BER: EMPLO (Note: NO)  ession (1) the certificate recand the head of the fire dep insurance required by Cha	I Individual Social Security Number)  quired by Chapter 304 of the partment for the above named apter 116 of the Acts of 2010.
SIGNED BY:  Individual, Partner or Auth  DATE:  TELEPHONE NUM  We the undersigned, attest that we are in posse Acts of 2004, signed by the building inspector a license and (2) the certificate of liquor liability  Please Check Below:  APPROVED:  DISAPPROVED:	orized Corporate Officer  BER: EMPLO (Note: NOTession (1) the certificate recand the head of the fire depinsurance required by Challes LOCAL LICE	I Individual Social Security Number)  quired by Chapter 304 of the partment for the above named apter 116 of the Acts of 2010.
SIGNED BY:  Individual, Partner or Auth  DATE:  TELEPHONE NUM  We the undersigned, attest that we are in posse Acts of 2004, signed by the building inspector a license and (2) the certificate of liquor liability  Please Check Below:  APPROVED:	orized Corporate Officer  BER: EMPLO (Note: NOTession (1) the certificate recand the head of the fire depinsurance required by Challes LOCAL LICE	I Individual Social Security Number)  quired by Chapter 304 of the partment for the above named apter 116 of the Acts of 2010.
SIGNED BY:  Individual, Partner or Auth  DATE:  TELEPHONE NUM  We the undersigned, attest that we are in posse Acts of 2004, signed by the building inspector a license and (2) the certificate of liquor liability  Please Check Below:  APPROVED:  DISAPPROVED:	orized Corporate Officer  BER: EMPLO (Note: NOTession (1) the certificate recand the head of the fire depinsurance required by Challes LOCAL LICE	I Individual Social Security Number)  quired by Chapter 304 of the partment for the above named apter 116 of the Acts of 2010.



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 124000005		CITY OR TOWN STOCKED	RIDGE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NA	AME: ROARING, LLC.			
DOING BUSI	NESS A RED LION INN			
ADDRESS 30	MAIN ST.			
CITY/TOWN:	STOCKBRIDGE	STATE: MA	ZIP CODE: 01262	
MANAGER:	FITZPATRICK,NANTYP CY J.	E OF LICENSE: Innh	older CATEGORY:	All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREMIS	ES:		
PORCH,LOBI	BY,DINING ROOMS, 11 R	OOMS,BINGHAM'S	R STORAGE. 1ST FLR; FRO TAVERN,PATIO. SWIMMII FLR; 24 ROOMS; STAFFORD	NG
I hereby certify	and swear under penalties	of perjury that:		
1. the	renewed license will be of t	he same type for the s	same premises now licensed;	
	•		onwealth relating to taxes; and	
3. the	premises are now open for b	ousiness (If not explai	in below)	
SIGNED BY:		or Authorized Corpor	rate Officer	
DATE:	TELEPHONI	E NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
			(Note: NOT Individual Social	Security Number)
Acts of 2004,	signed by the building ins	pector and the head	certificate required by Chap of the fire department for the quired by Chapter 116 of the	e above named
Please Check Belo			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVI (If disapproved				
(11 disappioved	i expiaiii)			
DATE:				
			-	



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 124000007		CITY OR TOWN	STOCKBR	RIDGE
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	: STOCKBRIDGE SI	PORTSMEN'S CLU	JB INC		
DOING BUSINESS	S A				
ADDRESS 24 WES	T STOCKBRIDGE M	IT RD			
CITY/TOWN: STO	OCKBRIDGE	STATE: MA	ZIP CODE:	01262	
MANAGER: DEL PET	· · · · · · · · · · · · · · · · · · ·	E OF LICENSE: Cl	ıb (	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	ES:			
	ND STORY ONE ROCES AND EXITS ON				<del>)</del> .
	see has complied with sises are now open for be	ousiness (If not expl	ain below)	to taxes; and	
DATE:	TELEPHONE	E NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	ed, attest that we are ed by the building ins certificate of liquor l	pector and the hea	d of the fire depar	tment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	am)				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124000009	C	TITY OR TOWN	STOCKBR	IDGE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS			YEAR
LICENSEE NAME: STOCKBRIDGE	GOLF CLUB			
DOING BUSINESS A				
ADDRESS 00006A MAIN ST				
CITY/TOWN: STOCKBRIDGE	STATE: MA	ZIP CODE:	01262	
MANAGER: MOYNIHAN, ERIN TY	PE OF LICENSE: Club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMI THREE ROOMS ON FIRST FLOOR;TV OF BLDG AND PORCH ON SOUTH A	WO ROOMS ON SECO ND WEST SIDES OF I	ND FLR; TERRA	ACE ON EAS	T SIDE
I hereby certify and swear under penalties	= -		1:	
<ol> <li>the renewed license will be of</li> <li>the licensee has complied with</li> </ol>	• •	1		
3. the premises are now open for		_	o taxes, and	
		,		
SIGNED BY: Individual, Partne	r or Authorized Corpora	te Officer		
DATE: TELEPHON	NE NUMBER:			TON NUMBER:
		(Note: NOT Ind	lividual Social So	ecurity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in license and (2) the certificate of liquor	spector and the head o	f the fire departı	ment for the	above named
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(II disapprovou expium)				
				_
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124000010	(	CITY OR TOWN	STOCKBR	IDGE
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: BOSTON SYMPHONY OF DOING BUSINESS A TENT CLUB	RCHESTRA I	NC.		
ADDRESS 2 HAWTHORNE STREET, BLDG. #	<sup>‡</sup> 204			
CITY/TOWN: STOCKBRIDGE STA	TE: MA	ZIP CODE:	01262	
MANAGER: NOLTEMY, KIM TYPE OF L	ICENSE: Club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AND	ENTER YOUR EMA	IL ADDRESS		_
DESCRIPTION OF LICENSED PREMISES:				
SINGLE TENT WITH BAR AN COOLER FOR SONE SINGLE ROOM FOR STORAGE WITH 2 OF 400				
I hereby certify and swear under penalties of perju	ry that:			
1. the renewed license will be of the same	type for the s	ame premises now	licensed;	
2. the licensee has complied with all laws	of the Commo	nwealth relating to	o taxes; and	
3. the premises are now open for business	(If not explain	n below)		
SIGNED BY: Individual, Partner or Authority	orized Corpora	ate Officer		
DATE: TELEPHONE NUM	BER:	EMPLOYER (Note: NOT Inc		TON NUMBER: ecurity Number)
We the undersigned, attest that we are in posses Acts of 2004, signed by the building inspector a license and (2) the certificate of liquor liability	and the head	of the fire departs	ment for the	above named
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMI	BER: 124000013		CITY OR TOWN	STOCKBR	RIDGE	
APPLICATION 1	FOR RENEWAL:	Annual	LICEN	LICENSED FOR 2013		
		CLASS			YEAR	
LICENSEE NAM	ME: FITZPATRIC	CK RETAIL & REALTY	Y COMPANY, INC.			
DOING BUSINE	ESS A ELM STRE	ET MARKET				
ADDRESS 4 EL	M ST					
CITY/TOWN:	STOCKBRIDGE	STATE: MA	ZIP CODE:	01262		
	ITZPATRICK, IANCY J.	TYPE OF LICENSE:	Package Store C	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRES	SS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS			
DESCRIPTION (	OF LICENSED PR	REMISES:				
STORAGE AND		FLOOR SELLING AR FOR STORAGE. LOCA E			Т.	
I hereby certify a	nd swear under per	nalties of perjury that:				
1. the rea	newed license will	be of the same type for t	he same premises now	licensed;		
2. the lic	ensee has complied	d with all laws of the Co	mmonwealth relating t	to taxes; and		
3. the pre	emises are now ope	en for business (If not ex	plain below)			
SIGNED BY:	Individual, P	artner or Authorized Co.	rporate Officer			
DATE:	TELEF	PHONE NUMBER:	EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:	
			(Note: NOT Inc	dividual Social S	Security Number)	
Please Check Below:						
APPROVED:			LOCAL LICENS By:	SING AUTH	ORITY	
DISAPPROVED	<u>:</u>		By.			
(If disapproved ex	xplain)					
DATE:						



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 124000014		CITY OR TOWN STOCKED	KIDGE
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 3 ELM S' CITY/TOWN: STO	A NEJAIME'S WI Γ	WINE CELLAR,INC NE CELLAR  STATE: MA	. ZIP CODE: 01262	
MANAGER: NEJA	IME,JOSEPH TY	PE OF LICENSE:Pac	ckage Store CATEGORY:	All Alcohol
EMAIL ADDRESS:	LEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMI	ISES:		
2. the license	ed license will be of e has complied wit es are now open fo	f the same type for the		
DATE:	TELEPHOI	NE NUMBER:	EMPLOYER IDENTIFICA (Note: <b>NOT</b> Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENSING AUTH By:	IORITY
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124000	018	CITY OR TOWN STOCKBI	RIDGE
APPLICATION FOR RENEV	VAL: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: O'RYA	N, INC.		
DOING BUSINESS A ONCE	E UPON A TABLE		
ADDRESS 36 MAIN ST			
CITY/TOWN: STOCKBRID	OGE STATE: MA	ZIP CODE: 01262	
MANAGER: O'BRIENT, A'G.	LAN TYPE OF LICENSE: R	estaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSE			
	G OF A KITCHEN, DINING F THE SOUTH SIDE OF THE B	ROOM WITH SEATING CAPAC LDG	CITY FOR
3. the premises are no SIGNED BY:	mplied with all laws of the Com ow open for business (If not exp ual, Partner or Authorized Corp		
DATE: T	ELEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004, signed by the l	ouilding inspector and the hea	he certificate required by Chap ad of the fire department for the required by Chapter 116 of the	e above named
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(ii disappioved explain)			
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 124000019		CITY OR TOWN	STOCKBR	IDGE
APPLICATION FOR	R RENEWAL:	Annual	LICEN	013	
		CLASS			YEAR
LICENSEE NAME:	LUIS ZAMBRAN	O & CHRISTINE N	<b>IURCIA</b>		
DOING BUSINESS	A VIVA				
ADDRESS 14 GLEN	NDALE RD				
CITY/TOWN: STC	CKBRIDGE	STATE: MA	ZIP CODE:	01229	
MANAGER: ZAM	BRANO, LUIS TY	PE OF LICENSE: R	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					]
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	SES:			
2 STORY WOOD FIFOR STORAGE. 21				FLOOR. BA	SEMENT
——————————————————————————————————————		TID STOKAGE: 41			
I hereby certify and s	wear under penalties	s of perjury that:			
1. the renew	ed license will be of	the same type for th	e same premises now	licensed;	
2. the license	ee has complied with	all laws of the Con	nmonwealth relating t	to taxes; and	
3. the premi	ses are now open for	business (If not exp	plain below)		
SIGNED BY:	Individual Partner	or Authorized Cor	oorate Officer		
	marviduai, i artiici	or rumorized cor	sorate officer		
DATE:	TEI EDUON	IE NUMBER:	EMPLOYE	R IDENTIFICAT	TON NUMBER:
	TELETHON	E NOMBER.			ecurity Number)
XX-411	J 44 - 44 4J 4		1 4 . 6	- 1 h Ch 4	204 - 641
			he certificate requir ad of the fire depart		
license and (2) the	certificate of liquor	liability insurance	required by Chapte	er 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	nin)				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 124000026		CITY OR TOWN	STOCKBR	IDGE
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:	THERESA'S STOCK	KBRIDGE CAFÉ I	INC		
DOING BUSINESS	A THERESA'S STOC	CKBRIDGE CAFÉ	E INC.		
ADDRESS 40					
CITY/TOWN: STO	OCKBRIDGE	STATE: MA	ZIP CODE:	01262	
MANAGER: SON	ISINI,THERESATYPE	OF LICENSE:Re	estaurant Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB		EMAIL ADDRESS		
	LICENSED PREMISE				
	STAURANT AREA W DRAGE SPACE IN RE			CHEN AND	1
I hereby certify and	swear under penalties o	f perjury that:			
	ved license will be of th	• •			
	see has complied with a		_	taxes; and	
3. the premi	ises are now open for b	usiness (If not exp	lain below)		
SIGNED BY:	Individual Doutnon o	n Authorized Com	omata Officer		
	Individual, Partner o	1 Authorized Corp	orate Officer		
DATE:	TELEDITONE	NIII ADED	EMDI OVER	DENTIFICAT	TON NUMBER:
2112	TELEPHONE	NUMBER:	(Note: NOT Ind		
					-
Acts of 2004, signe	ed, attest that we are in d by the building insp certificate of liquor lia	ector and the hea	d of the fire departi	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	aiii)				
DATE:					